Columbia County Building Permit Application Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # Date Received By Permit #
Plans Examiner Date □ NOC □ Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter
□ Product Approval Form □ Sub VF Form □ Owner POA □ Corporation Doc's and/or Letter of Auth.
Comments
FAX
Applicant (Who will sign/pickup the permit) Robert Feaser Phone 386 961-2774
Address 537 SW SABLE AVE L.C. FI. 37024
Owners Name John Covey Phone 386 984-2010
911 Address 5013 NE Gun SWAM RD L. C. FI.
Contractors Name Robert Feaser Phone 386 961-2774
Address 537 SW SABTE AVE L. C. Fl. 32024
Contact Email Robfenser @ ymn:1. Com ***Updates will be sent here
FeeSimple Owner Name & Address
Bonding Co. Name & Address
Architect/Engineer Name & Address
MortgageLenders Name & Address
Property ID Number 13-35-17-04935-001
Subdivision NameLotBlockUnitPhase
Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over
Existing; Partial Roof Repairs or Other
Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented
Flashing: (circle) Use Existing: Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing
Drip Edge: (circle) Use Existing; Repair Existing; Replace All
Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface
Cost of Construction 10, 800, au Commercial OR Residential
Type of Structure (House: Mobile Home; Garage; Exxon)
Roof Area (For this Job) SQ FT
Roof Pitch 6 /12, 6 /12 Number of Stories / Is the existing roof being removed M If NO
Explain New metal over shirylos
Type of New Roofing Product (Metal; Shingles; Asphalt Flat)